

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>DM</i>	<i>32</i>	<i>5/8</i>
FORMALITY REVIEW	<i>MTB</i>	<i>ASU</i>	<i>8/16/01</i>
RESPONSE FORMALITY REVIEW	<i>mj</i>	<i>625</i>	<i>01-18-02</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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*176 03/02*  
*851*  
*01/18/02*